DOCUMENT RESUME

ED 116 116 88 CS 002 259

AUTHOR James, Richard
TITLE A Holistic Milieu Approach to High Risk Students: A Title III ESEA Project, Mattoon, Illinois.
INSTITUTION Mattoon Public Schools, Ill.
SPONS AGENCY Bureau of School Systems (DHEW/OE), Washington, D.C.
PUB DATE Dec 75
NOTE 33p.

EDRS PRICE MF-$0.76 HC-$1.95 Plus Postage
DESCRIPTORS Academic Achievement; Junior High Schools; *Program Content; *Program Descriptions; Program Effectiveness; *Social Adjustment; *Student Adjustment; Student Behavior; *Underachievers
IDENTIFIERS Elementary Secondary Education Act Title III; ESEA Title III; *Holistic Approach

ABSTRACT

This paper describes a holistic milieu approach for underachieving, socially maladjusted students in a junior high school in Mattoon, Illinois. It also reports on the effects of the program on certain academic, affective, and behavioral measures taken on those students. The program, called the Intensive Care Unit (ICU), included five teachers, two pupil personnel interns, a media intern, and four aides. Out of the 98 students involved in the program, at least 20 of them had repeated a grade sometime during their school careers. Initially, several baselining sessions were held and observers recorded the off-task behaviors of the subjects. After a wide variety of pretest measures was collected, several ICU methods were instituted. These included individualized prescribed instruction for each student in the core academic areas of reading, mathematics, and science. At the same time, behavior management techniques were also instituted. To shape behavior, teachers combined continuous, social reinforcement with material rewards. It was concluded that students who participated in the ICU program did significantly better academically and were better adjusted in the classroom than those who did not participate in the program. (TS)

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A Holistic Milieu Approach to High Risk Students: A Title III ESEA Project at Mattoon, Illinois

Dr. Richard James

Dec. 2, 1975

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Purpose- The purpose of this paper is two fold. First, it will describe a holistic milieu approach for underachieving, social maladjusted students in a junior high school in Mattoon, Illinois. Second, it will also report the effects of the program on certain academic, affective, and behavioral measures taken on those students.

Overview- The Intensive Care Unit (ICU) is exactly what the name implies. Eight years ago it was decided that underachieving students should not merely be assigned to a section where they had no chance to raise themselves academically. Rather, a program was envisioned that would give immediate and intensive attention to students' academic and social adjustment, and, as soon as possible, return them to productive and rewarding educational experiences.

For the past eight years ongoing research has been maintained in an effort to find some workable answers to the problems underachievers encounter. This research has led to the writing of a proposal and the awarding of over $330,000 in grants for innovative educational projects by the Illinois Office of Education Section of Title III of the Federal Elementary and Secondary Education Act.

This money has enabled the project to implement a completely operational program at Jefferson Junior High School and two pilot projects at Hawthorne and Washington Elementary Schools in Mattoon, Illinois. The Intensive Care Unit team includes five teachers, two pupil personnel interns, a media intern, and four aides at the junior high and four teachers, two pupil personnel interns, and two aides at the elementary schools. This team serves better than 160 students from grades one through eight. The main innovations have been: parent education groups, classroom meetings, affective education, behavior management systems, contingency contracting, group counseling,

pupil personnel interns, team staffings, and individualized prescribed instruction in reading, mathematics and science.

The students are selected because they are underachievers. That is, they have average intellectual ability but are below grade level in their academic achievement. ICU is not overly concerned with the many past reasons for underachievement. What is of interest is what can be done to correct present problems. Therefore, efforts are concentrated on a comprehensive approach to the specific problems that hinder academic and social growth of students.

Not only is there an attempt made to work with the student's academic and social problems, but also with the teachers, parents, and other students who play a vital role in making the student what he is and what he is to become.

One of the hardest lessons that has been learned is that reading programs, counseling sessions, and parent conferences alone are not enough. No single approach is a panacea for the ills of the underachiever. Only a program that involves all facets of a student's intellectual and emotional make-up will help the student back into the educational mainstream.

Need- The need for a holistic milieu approach that involves all of the significant others in a student's life can be substantiated both from the literature and through local research.

Wellington and Wellington (1965) studied self-concept of underachievers and found that a positive change in personality and self-concept was necessary before academic performance would improve. Positive change would occur only by attacking the total environment of the student. Munger, Winkler, and Teigland (1964) substantiated the foregoing in their study of underachieving fourth graders. They concluded that therapeutic, motivational, and specialized programs did not boost academic achievement. They stated

that any effective attempt to change academic performance has to involve the significant others in a student's life--particularly parents.

Finally, Gilmore (1972) reviewed approximately 150 research studies and found that high achievers at all levels of education had one common characteristic. They had a more positive self-image and more realistic self-evaluation of themselves than did low achievers. Gilmore concluded that high achievers' positive self-esteem, high productivity, and altruistic outlook on life were formed and influenced in the main by their environment, and that the family played a central role in that formation.

To substantiate the research literature, a local research project was developed and implemented during the 1970-71 school year. The project assessed the referral pattern of guidance services in one of two junior high schools located in a small semi-urban community of 23,000 in east-central Illinois. The total school population was 5,609.

During the 16 seek period examined, 327 "incidents" occurred involving 98 students or 3.2 incidents per child. There were three types of referrals, (1) a student(s) came into the counselor's office to discuss a problem (complaining about a teacher or another student, etc.), (2) teacher referral, the student was acting out in class, etc., and (3) the counselor knew of a problem and decided to intervene. The 327 incidents were grouped into the following general categories:

	Number of incidents durin 16 week period
CLASSROOM DISCIPLINE	99
ACADEMIC PROBLEMS	65
TEACHERS ARE UNFAIR-RIDICULING STUDENTS	31
TRUANT PROBLEMS	24
HOME PROBLEMS	9
INTERPERSONAL PROBLEMS (Blaming othe s and name calling, accusing)	66
PUSHING AND FIGHTING	17
STEALING	4
DATING PROBLEMS	6
TEACHER CONCERN WITH ENTIRE CLASS	1
DRUGS	1
DRESS	2
PHYSICAL COMPLAINTS	2
Total	327

The referral rate was fifteen percent of the total junior high population and coincided with the Office of Education's statistical charts on problem prevelancy rates in school buildings. This chart clearly showed the severity of the underlying problem. The data suggested that a new approach was needed beyond "counseling kids about their problems" particularly in the academic skill deficit areas of reading and mathematics. Seventy-two percent of all students referred to either the principal or the counselor were at least <u>one</u> grade level below their current grade placement in school. The data will give a further explanation. The remaining 28 percent of the 98 students were either at grade level or above. Out of the 98 students, at least 20 of them had repeated one grade sometime during their school career. The data did not include the forty

students who were in the very high risk Socially Maladjusted section at that time.

	GRADES 7th	8th	9th	
One grade level below	3	2	4	9 or 9%
Two grade levels below	11	9	5	25 or 25%
Three grade levels below	10	8	6	24 or 24%
Four grade levels below	1	5	5	11 or 11%
Five grade levels below	0	0	3	3 or 3%

The behavioral characteristics of this group were:

1. The student had at least a two grade level deficit in the seventh and eighth grade and at least one grade level deficit in the primary grades as measured by the Metropolitan Achievement Tests.

2. The student's personal and social adjustment as measured by the California Test of Personality fell below the 30th percentile.

3. The student's intellectual ability in the early elementary years was within one standard deviation of the mean on standardized intelligence tests, but this ability showed progressive decay, especially in verbal measures, by the time of entrance into the seventh grade.

4. The student was non-compliant to written and stated requests by teachers, parents, and other adult authority figures.

5. The student was dependent and lacked the confidence and/or competence to complete tasks either in supervised or independent study situations.

6. The student required excessive attention from teachers, parents, and peers. He could not stay on task. This ranged from an inability to independently respond to a simple problem in division to more serious disruptive classroom behaviors.

7. The student was withdrawn and did not appear to be interested in what was occurring around him, whether it was in a structured classroom setting or an unstructured play situation.

8. Conversely, the student may have exhibited overt-agressive behavior toward his teachers, parents, and peer group. He may have been either verbally or physically agressive depending on the situation.

9. The student's ability to monitor his own social behavior was undeveloped or impaired, especially in community situations where the limits were more subtle and less self-structured.

10. The student had a poor self-image as demonstrated by dependency, inability to compete, inability to accept criticism, and inability to accept praise.

The profile of the 98 students reviewed was a typical composite of similar students throughout the United States. They exhibited a combination of frustration and a lack of school success as identified by William Glasser (1969) in his book, Schools Without Failure. Moreover, these unsuccessful children experienced difficulties in interpersonal relations with adults and their peer group as well as marginal to serious academic problems in reading and mathematics. The fact that most of these children were passed on from one grade to another merely compounded earlier problems that were identified in the lower grades.

Using the fifteen percent statistical composite for this school system, it could be said that there were at least 841 students in the high risk category or 197 in high school, 211 in both junior highs and 431 children in the elementary schools in the Mattoon District. A program was needed which went beyond current efforts. Most school systems are geared for defensive reaction; in other words, after the problem occurs, the system reacts. Community # 2's emphasis needed to address itself to the primary prevention model which would emphasize early identification and corresponding programs--even going down to the pre-school age as well as up to the educational ladder to senior high school.

Thus, while the research suggested the need for "fitting the kid" into honorable and acceptable ways of achieving success within his total milieu, it also deemed equally necessary the restructuring of that milieu if success with the high risk student were to become a reality.

The two major components of the ICU program should be readily apparent. First, if the high risk student in his total educational, social, and psychological milieu is to be considered, any plan of action must be holistic. All of the significant others and events in a student's life style must be taken into consideration. Second, such a plan must be sequential and developmental. A crisis intervention model is not adequate. A preventive model utilizing the aforementioned techniques is necessary if remediation is to occur. Only a total sequential approach involving all of these factors will insure a high degree of success.

Selection- Students were admitted to the program after meeting certain criteria. That criteria was:

1. The student was functioning at least two grade levels below grade placement on standardized achievement tests in mathematics, reading, and/or science.
2. The student was classified as social maladjusted by psychological report.
3. The student was functioning in either a passively hostile or agressively hostile manner in school as substantiated by teacher reports and observation.

Admission- All prospective candidates were sent invitations to participate. A flyer explained the program as to what was expected from students and parents. Approximately fifty percent of all prospective candidates signed commitments. These commitments not only enrolled students in the program, but also committed parents to an eight week series of meetings that taught them behavior management and communication skills.

In-service Training- All staff members of the ICU team went through a preschool workshop of 120 hours. The workshop taught behavior management techniques, communication skills, and diagnosis and prescription for academic remediation. Teachers, teacher aides, and pupil personnel service interns all received this instruction.

Methods- Before implementation of any ICU methods, a number of measures were taken on students so that complete diagnostic profiles could be made. In academic areas, students were given Stanford Diagnostic Tests, Level II, in Reading and Mathematics and the Metropolitan Achievement Test, Advanced, Form F in Science. Coordinate with these achievement tests, the Ammons Quick Test of Intelligence was also given.

One of the major needs of the project has been to identify those students who were actually underachievers and were not just placed in the program due to low mental ability. One step, then, in identifying the underachievers was to ascertain the mental abilities of the students. Past intelligence test scores were available in the cumulative records. However, these scores were usually two to six years old and were group intelligence tests. Thus, their accuracy as well as validity tended to be questionable. In addition to this, test results were needed early in the fall so that information for effective individualized academic prescription could be quickly utilized.

Since school psychologists were not available to the program to give individual intelligence test to over 100 students, it was decided that the Ammons Quick Test of Intelligence would be a fast, efficient way of determining mental age of the students enrolled.

Two criteria are met by this test. First, it is a fast way to obtain a reliable and valid mental age by individual testing. Second, administration of the test requires a minimal amount of training in comparison to other individual intellectual measures.

The sequence followed in the testing program places the Ammons Quick Test at the end of the procedure. This position serves as a reference or comparison for the teacher when comparing achievement level with mental ability level. To illustrate this explanation only one example, that of reading achievement, will be used. The Stanford Diagnostic Reading Test is used to measure achievement in reading. One of the scores obtained from the Stanford Diagnostic Reading Test is a grade level equivalency derived from the comprehension section of the test.

For instance, a mental age of ten would correspond to fifth grade level. Thus a reading grade level charted at 5.6 would correspond to a mental age of 10.6. However, if the mental age of the child were actually 12.6 one could clearly see a two year deficit in reading achievement as compared with mental ability. The mental age is derived from the Ammons Quick Test.

The sort of student described would clearly be an underachiever or, as defined for the purposes of the Intensive Care Unit, a disabled reader. Obviously, when a teacher has this sort of information, comparing mental age to achievement level, he is better able to plan the work load for a student.

The results achieved with the Ammons Quick Test have been determined to be as accurate as other individual intelligence tests. This determination rests on correlation of the Ammons scores with WISC scores in randomly selected cases.

These tests, along with other teacher constructed instuments allow for effective academic diagnosis and prescription.

The California Test of Personality, Intermediate, Form AA was used to ascertain personal and social adjustment. The test defines personality as not something apart from ability or achievement but inclusive of them. It refers to the manner and effectiveness with which the whole individual meets his personal and social problems and indirectly the manner in which he impresses his fellow. The subject's ability and past achievements are a vital component of his current attempts to deal with problems intelligently. The term personality test as signified here is an instrument for identifying the more tangible elements of a total complex of feeling, thinking, and acting. Organizationally, the California Test of Personality is built around the concept of life adjustment as a balance between personal and social adjustment (Thorpe, Clark, & Tiegs, 1953). For the purpose of this study only the subtests of Personal, Social and Total Adjustment were used.

The Bonney-Fessenden Sociograph was used to determine degree and kind of peer relationships. This test was developed because of the growing awareness that individual status of group members and the interpersonal relationships of these members are important in maximally effective group activity. Two of the primary uses of the sociograph are discovering socio-phychological characteristics of groups and improving interpersonal tolerance and understanding (Bonney & Fessenden, 1955). For the purposes of this study, two sociographs were taken. The first sociograph examined peer preference on an academic activity. The second sociograph examined peer preference on a social activity.

The raison d'etre of behavior baselining as a measurement technique has been that one of the main obstacles to determination of change is the lack of definition and absence of agreement as to what is changing. Intangible entities such as ego strength, emotional stability, and work habits have been mentioned by therapists as measures of change. Some of these changes are more easily observed than others, but whatever the difficulties, therapeutic intervention has not been carefully monitored (Tharp & Wetzel, 1969). Eysenck (1952) reinforced this idea when he suggested that the absence of quantifiable data indicated that traditional therapies were not effective.

The common denominator to quantifying behavior is to be able to observe it. The process of determining behavior change becomes a process of counting precisely defined behavior, either automatically or with human observers (Tharp & Wetzel, 1969).

Baseline Definitions- Following are definitions of the target behaviors that were recorded:

Appropriate Situational Behavior---

1. Responses in Academic Discussions-- Any attempt by the subject to become involved, in a positive manner, in academic classroom discussions, whether it be by a raised hand or verbalization (without regard to content value).

Inappropriate Situational Behavior---

1. Out of Seat--any unauthorized movement out of, or away from the subject's desk.
2. Off Task--not attending to the work task as assigned by the teacher.
3. Talking Out--any unauthorized verbalization directed toward the teacher and/or peers.
4. Acting Out Peers--any unauthorized physical contact with peers and/or peer possessions.
5. Acting Out Self--any unauthorized physical movement, sounds, or gestures not including peers or peer possessions.

Baselining Procedures- To obtain a quantifiable measure of the subjects' behavior, each baselining session was divided into 15-second intervals. The observer has a watch with a sweep second hand and recorded whether the subject was out of seat, talking out, acting out peers, acting out self, or was off task at any time during the interval. Using this method of recording behavior for 20 subjects, during a 42 minute class period it was possible for a response to be recorded eight times per subject during the entire session. It was, therefore, possible to obtain a maximum of 160 intervals containing the responses that were to be recorded.

The observation periods were selected by interviewing the teachers regarding the class periods with the highest frequency of target behaviors. The baseline period was for five consecutive school days, following a two-week latency period to allow the students to adjust to a new person in the classroom. The observer recorded the behavior of all subjects for one class period each day (42 minutes). The subjects were involved in the same school activity each day during the recording sessions.

Baselines were taken three different times during the year. A pretreatment baseline was taken before any ICU methods were instituted. A treatment baseline was taken during the token reinforcement phase of the program. A posttreatment baseline was taken two months after token reinforcement was discontinued and only social reinforcement was being used. The same procedure was used for each baseline.

The foregoing procedure is in accord with the single organism within subject design that includes: a period of observation of behavior frequencies (baseline), and introduction of some factor believed to influence behavior frequency (experimental procedure), and a return to baseline conditions (Tharp & Wetzel, 1969).

The monitors for this baseline procedure were four Intensive Care Unit, Title III ESEA, aides who had been trained in baselining procedures. All of the aides were involved in a three week inservice training program in behavior modification before the start of the program. This inservice training program was conducted by the staff of the Adler Zone Center, Illinois State Department of Mental Health. Baselining of behavior was comprehensively taught during inservice training. An inter-judge reliability coefficient on similarity of baselining procedures of .88 was obtained on the aides by the Adler Zone Center staff. This was a high and reliable agreement between scorers.

A wide variety of measures was used in the study. The rationale for the use of such a wide variety of instruments can be ascertained from a review of the literature. Personality tests (Carkhuff & Bierman, 1970; Hereford, 1963), sociometric devices (Hereford, 1963), achievement tests (Dee, 1970; Perkins & Wicas, 1971; Karrcher, 1972; Gilmore et al., 1971), behavior baselines [redacted]; McWhirter & Cabanski, 1972), and attendance (Shaw, 1968; Perkins & Wicas, 1971) have all been used to detect change in underachieving students. A wide variety of measures was also used because it was felt that as comprehensive an effort as possible should be made in trying to detect particular facets of the students that changed due to involvement in the program.

While these instruments were being given, no ICU methods were being used. This, along with a control group which received the same instruments allowed for precise measures to be taken with little bias involved.

Once all pretest measures were collected, a variety of methods were instituted. Individualized prescribed instruction for each student in core academic areas of reading, mathematics, and science were constructed. These methods were coordinated between the classroom teacher and the media intern in the learning resource center.

Techniques included both commercially and teacher prepared prescription materials. This approach allowed the project to take the student from wherever he was academically and proceed with a variety of instructional techniques geared to his appropriate achievement level.

In reading, commerically prepared curriculum materials such as Target, Clue, Checkered Flag, Kaleidescope, and the Reader's Digest Skill Builders were utilized to build reading comprehension (literal and inferential), vocabulary, syllabication, sound discrimination, blending, and rate of reading. These commercial programs were supplemented with individually prepared teacher materials.

In mathematics, SRA Computapes and Mathtapes were programmed along with individually prepared teacher materials to build number concepts, computation skills and number facts.

In science, programming was based on a learning by experimentation approach. Wong's, Ideas and Investigations in Science, provided students with "hands on" experiences daily.

In each of the subject matter areas, students were diagnosed for academic problems and then appropriate materials were prescribed. For each student, individual prescriptions were placed in folders every day. The diagnosis and prescription process was continuous to the end of the school year. By coordinating activities between subject matter areas and the learning resource center, students were provided with a wide variety of curriculum materials that gave them a variety of learning experiences.

At the same time that academic prescriptions were being implemented, behavior management techniques were also instituted. To shape behavior, teachers combined continuous, positive social reinforcement with material rewards.

Baselines were taken on teachers to determine degree and kind of social reinforcement used. During start-up, a minimal acceptable level of positive social reinforcers would be forty specific reinforcing events per forty-two minute period. Teachers were video-taped on frequency of use of positive social reinforcers. Verbalizing, smiling, gestures, eye contact and touching were all teacher behaviors that were monitored.

As behavior was shaped, two changes took place. First, continuous social reinforcers were changed to intermittent ones. Second, material reinforcers became more sophisticated. Students were weaned from basic material reinforcers such as candy. They had to do more work to receive material reinforcement. Material reinforcers also became more social in nature. Reinforcing events such as free time for preferred academic activities and tutoring other students took the place of more basic material reinforcers. The transition was not an immediate process. It could take a student as long as three months to become totally reliant on social reinforcement. In a few severe cases it took an even longer period of time to complete transition from material to social reinforcement. The ultimate point was that students would become reinforcing agents unto themselves and would be able to function with a minimal level of external reinforcers.

One particularly effective way of accomplishing this was by use of contingency contracts. These contracts were agreements signed by both teacher and student in regard to specified amounts of work and reward. Homme's (1970) Contingency Contracting in the Classroom details this procedure in its entirety. In the beginning, contracts were almost wholly teacher constructed. Teachers decided both degree and kind of effort and reward. As students demonstrated more and more responsibility they were given the opportunity

to exert more control over their contracts. At the end of the year, most students were operating on contracts that were wholly student controlled.

Contracts covered two specific situations. First, contracts could be constructed for individuals. This was the most common procedure. Second, contracts could be constructed for a group. This was an especially desirable approach when the teacher was interested in using the group to act as a potent reinforcing agent for some desirable general behavior or in reinforcing desirable specific behavior in a particularly difficult student.

The final part of the curriculum involving students was affective education. As previously indicated all members of the ICU team were trained in a variety of communication skills. All staff members completed the Danish (1971) Basic Helping Skills format. Inservice training in group process, dynamics and leadership was given. Trial runs with each team member serving as leader were video-taped and critiqued. At the end of inservice each member was equipped with basic listening skills that enabled them to become effective group leaders for affective education with their students.

The self-concept of the ICU students was usually woefully inadequate. Thus, before academic success could be experienced, student values, needs, and goals had to be clarified and concretized.

This is a logical extension of behavior management techniques. Behavior management techniques could be cited as the impetus that gets students to start behaving, whereas the affective techniques are the ones that create long lasting behavioral changes through the values they promote.

This was done by a variety of affective techniques. Pupil personnel interns, teacher aides, and teachers were all utilized as group leaders in this endeavor. The main thrust of affective education was the classroom

meeting. Based on Glasser's (1969) Schools Without Failure, the classroom meeting explored logical consequences of actions. The curriculum used in the meetings was generated from a number of sources. The HELP program (1974) from Herrin, Illinois, The Rockford Harlem Affective Education Program for Middle Schools (1971), and Simeon's (1972) Value Clarification were all utilized. These approaches gave a variety of structured affective techniques that could be used on a daily basis in classroom meetings. Freewheeling in nature, these techniques were modified and supplemented as the needs of the students demanded.

While approximately two class hours per week were set aside for classroom meetings, pupil personnel interns also utilized one to one and small group counseling sessions to work on developmental problems. These sessions were eclectic and were geared to problem prevention rather than crisis intervention.

Coordinating of these activities was of critical importance. An "all hang together or hang separately" attitude had to prevail. Pupil personnel interns served as coordinators of student problems. The interns came from the disciplines of school psychology, counseling, and social work. They served a one year residency in the program. Besides working with students, they were directly involved in the provision of consulting services to teachers. As a result, much of their time was spent in the classroom working directly with teachers and students.

These activities were culminated by weekly staffings that included all of the Title III teaching team. These staffings were geared toward a case study format. Students problems were tackled and specific resolution

of those problems by all team members was attempted. Since staffings occured on a weekly basis, a constant update on problem resolution was possible.

As with academic problems, behavioral problems were diagnosed and prescriptions were written. Couched in objective terms, behavioral diagnosis and prescription sheets asked for:

1. the presenting problem (Who was involved and what is the specific concern?)
2. baseline data to support item # 1 (What rate is it occurring; when and where is it occurring?)
3. at least two positive assets that can be used to deal with the problem
4. program prescription
   a. functional assessment (What can he or she do or not do?)
   b. goal (What is your purpose so that item # 1 can be resolved?)
   c. Please outline the specific prescription methods you will use to resolve item #1.
   d. Who is providing back-up consultation to you in this matter?
5. Time limitation (How long will you use item # 4 in order to eliminate the problem or, if needed, change the program?)
6. Evaluation (What occurred as a result of the intervention?)
7. Case Tracking
   a. Follow-up
   b. If item # 1 was not resolved, recycle for a new program. (Please indicate that you will recycle.)

As may readily be ascertained, very little was left for guesswork. Problems were stated concretely and were approached on that basis. Of all the components of the program, this was perhaps the most critical. Without constant update and feedback, none of ~~our~~ the techniques would have been of much use.

The final component of the ICU program was the Parent Effectiveness Program. The program strived to teach parents behavior management techniques and communication skills. Behavior management was taught with Becker's (1971) Parents Are Teachers and communication skills with Downing's (1970) Parent Training in Family Relationships and Management Skills. The program met for ~~for~~ two hour sessions once a week for eight weeks. The program's intention was to teach parents the basic behavior management and communication skills that were used in the Title III program. While a structured format was used, much open-ended discussion was generated and parents were free to pick and choose procedures and objectives which fit to their needs. Approximately fifty percent of the parents who signed commitments to enroll their children completed the program. Following is a session by session synopsis of the program:

Session I: Parents were given pretests on the Personal Orientation Inventory (Shostrom, 1966) and a project-developed communication skills questionaire. Introductions were made and an overview of the program was given. Tolerable and intolerable behaviors were defined and delimited and exercises involving definition of the different behaviors were given. Factors in evaluating these behaviors were explained. Disposition of the home was discussed. Homework assignments involving watching for different kinds of behavior were given. Parents were asked to define one behavior of their child they wished to change.

Session II: A review of the previous week's homework was undertaken. Reinforcement theory terms were discussed and defined according to "Grandma's Law". Examples were given of different types of reinforcers. Behavioral

objectives were defined. Examples were given of operationally defined behavioral objectives. Homework exercises were given in re-defining behavioral objectives.

Session III: Reinforcement schedules were reviewed. Techniques and types of reinforcement schedules that shaped and maintained behavior were explained. The difference between rewarding and bribing was also explained. A homework assignment asking parents to set up a behavior management program for their child was given. Parents were asked to give a pre-management numerical rating to their attempt to change a target behavior in their child.

Session IV: Behavior management programs of parents were reviewed. Functional programs were given positive feedback. Inadequate programs were discussed to find out what could be changed. The "criticism trap" was explored. Activity reinforcers were explained. Role playing was used to demonstrate how to use positive social reinforcement. Power and authority concepts were described and delineated. Acceptance as a concept of relationships was defined. A homework assignment to put the behavior management plan into effect was given.

Session V: Homework was reported as to the success or failure of the management programs put into operation. Risk taking in communication was explored. Emphasis was placed upon feeling detection in communication with children. Exercises to detect feeling statements were given. Homework exercises included listening to a child and working on behavior management programs.

Session VI: Reports on behavior management programs and listening to a child were given. Punishment in regard to its uses and abuses was

discussed. Effective use of punishment was defined. Various ways of listening to a child and keeping communication lines open were detailed. Restatement and reflection of feelings were demonstrated and exercises were given. Homework assignments included continued work on the behavior management program and attempts to reflect the feelings of a child in a conversation.

Session VII: Behavior management programs and attempts at reflection of feelings were reviewed. Confrontation techniques were examined in regard to identification of feelings, owning those feelings, being open to responses, and experimenting with the child as to more appropriate ways of behaving. An exercise involving video-taping of a family planning conference was done. Different techniques were interjected into the conference to show better ways of communicating. Homework assignments involving the selection of a new target behavior and a program to modify it were given. A family planning conference was also assigned.

Session VIII: Reports on new target behaviors and management programs were given. Reports on family planning conferences were given. Posttesting on the Personal Orientation Inventory, the communication questionaire, and the numerical rating of success in managing the target behavior was conducted. A general review and problem solving session was held. Diplomas for program completion were awarded.

Hypotheses-As a result of a desire to measure effects on students in the program, the following hypotheses were generated:

H^1: There is no significant difference between students in the experimental group and the control group on pre- and posttest measures of

the Comprehension Subtest of the Stanford Diagnostic Reading Test, Level II, Form W and X, the Concepts Subtest of the Stanford Diagnostic Mathematics Test, Level II, Form W and X, and the Metroplitan Achievement Test, Advanced, Form F, Science Subtest.

H^2: There is no significant difference between the students in the experimental group and the control group on pre-, mid-, and posttest measures of Off Task, Out of Seat, Talking Out, Acting Out Peers, and Acting Out Self Behavioral Baselines.

H^3: There is no significant difference between the students in the experimental group and the control group on pre-, mid-, and posttest measures of Response in Academic Discussion Behavioral Baseline.

H^4: There is no significant difference between the students in the experimental group and the control group on pre- and posttest measures of days absent.

H^5: There is no significant difference between students in the experimental group and the control group on pre- and posttest measures of Personal, Social, Family Relations and Total Adjustment Subtests of the California Test of Personality, Intermediate, Form AA.

H^6: There is no significant difference between the students in the experimental group and the control group on pre- and posttest measures of Academic and Social Tasks of the Bonney-Fessenden Sociograph.

Design- Upon receipt of the letter of commitment from parents, their children were placed in a Title III ESEA section. These students became the experimentals (E's). The children whose parents did not sign a letter of commitment were randomly placed in other seventh and eighth grade sections. These students became the controls (C's) and received no special treatment.

Thus, there resulted a two-cell division of students who were receiving differential treatment. In one cell were students who had parents who signed a commitment and participated in the Title III sections (E's). In the other cell were students whose parents did not sign a commitment and therefore did not participate in the program. The two cell classification was as follows:

A. E's- Those students who had at least one parent who signed a commitment and participated in the Title III program (N=102).

B. C's- Those students who did not have parents sign a commitment and did not participate in the Title III program (N=50).

Once these groups were identified, tests of significance were run to determine that there was no significant difference either on means or variance between groups (T-test and Bartlett's Homogeneity of Variance Test). Criterion measures were those previously mentioned.

This research study employed the Pretest-Posttest Control Group Design as described by Campbell and Stanley (1963). This design was used because it controlled a variety of sources of invalidity and was also highly adaptable to the experimental situation.

Results- An analysis of variance technique utilizing a pre-, posttest repeated measures design between E's and C's was utilized to test for significance on academic, behavioral, attendance, personality, and peer relationship variables. No significant difference between E's and C's were found on any pretest measures of the variables examined either on means or variances.

H_1 was rejected. Results on the academic variables of reading as measured by the Stanford Diagnostic Reading Test, Level II, Forms W and X, mathematics as measured by the Stanford Diagnostic Mathematics Test, Level II, Form W and X, and science as measured by the Metropolitan Achievement Test, Advanced Form F, were all significant in favor of the E's ($p<.05$).*

Table I
Stanford Diagnostic Reading Test, Level II
Comprehension

2 x 2 Anova	F
Between groups	5.14
Between tests	2.77
Between groups and tests	24.80 *

Table 2
Stanford Diagnostic Mathematics Test, Level II
Concepts

2 x 2 Anova	F
Between groups	10.87
Between tests	37.31
Between groups and tests	18.54 *

Table 3
Metropolitan Achievement Test, Form F, Advanced
Science

2 x 2 Anova	F
Between groups	30.60
Between tests	8.73
Between groups and tests	7.46 *

H_2 and H_3 were rejected. Results on behavior as measured by the general

inappropriate behavior baselines of "Off Task", "Out of Seat", "Talking Out", "Acting Out Peers" and "Acting Out Self" were all significantly decreased in favor of E's ($p < .05$). * Results on the appropriate behavior baseline, "Responses in Academic Discussions" were also significantly increased in favor of E's ($p < .05$). *

Table 4
Off Task Behavior Baseline

2 x 3 Anova	F
Between groups	85.31
Between tests	76.72
Between groups and tests	120.51 *

Table 5
Out of Seat Behavior Baseline

2 x 3 Anova	F
Between groups	285.21
Between tests	5.23
Between groups and tests	60.75 *

Table 6
Talking Out Behavior Baseline

2 x 3 Anova	F
Between groups	123.02
Between tests	19.50
Between groups and tests	77.23 *

Table 7
Acting Out Peers Behavior Baseline

2 x 3 Anova	F
Between groups	180.62
Between tests	30.31
Between groups and tests	85.02 *

Table 8
Acting Out Self Behavior Baseline

2 x 3 Anova	F
Between groups	306.31
Between tests	35.52
Between groups and tests	162.83 *

Table 9
Responses in Academic Discussions Behavior Baseline

2 x 3 Anova	F
Between groups	131.44
Between tests	67.05
Between groups and tests	89.54 *

H_4 was accepted. Results on the rate of attendance showed no significant difference between E's and C's.

Table 10
Attendance

Between groups	3.34
Between tests	.41
Between groups and tests	1.52

H_5 was accepted for two tests and rejected for the other two. Results on the personality measures were differential. On the California Test of Personality, Intermediate, Form AA there was no significant difference between E's and C's on the Total Adjustment and Personal Adjustment Subtest. On the Social Adjustment Subtest and the Family Relations Subscale there were significant differences ($p<.05$) * in favor of E's.

Table 11
California Test of Personality, Intermediate, Form AA
Total Adjustment

2 x 2 Anova	F
Between groups	1.08
Between tests	4.27
Between groups and tests	2.05

Table 12
California Test of Personality, Intermediate, Form AA
Personal Adjustment

2 x 2 Anova	F
Between Groups	.21
Between tests	21.84
Between groups and tests	.93

Table 13
California Test of Personality, Intermediate, Form AA
Social Adjustment

2 x 2 Anova	F
Between groups	.89
Between tests	5.53
Between groups and tests	9.38*

Table 14
California Test of Personality, Intermediate, Form AA
Family Relations

2 x 2 Anova	F
Between groups	1.35
Between tests	3,609.24
Between groups and tests	140.26 *

H_6 was accepted for one test and rejected for the other. On the measure of peer interpersonal relationships, the Bonney-Fessenden Sociograph indicated significantly more positive ratings of E's and C's ($p < .05$)* for peer preference on an academic task. On a social task there was no significance between E's and C's.

Table 15
Bonney-Fessenden Sociograph
Academic Task

2 x 2 Anova	F
Between groups	5.14
Between tests	2.77
Between groups and tests	24.80 *

Table 16
Bonney-Fessenden Sociograph
Social Task

2 x 2 Anova	F
Between groups	1.73
Between tests	2.63
Between groups and tests	1.24

Summary- In summary, it appears that students who participated in the ICU program did significantly better academically than C's who had not received the treatment. Behaviorally, E's had significantly better adjustment in the classroom than did C's. It also appears that ICU students had better general social adjustment, family relationships and peer relationships after receiving the treatment than did C's.

A follow-up study of students who finished their freshman or sophomore year in 1974-75 and who had received one or two years ICU treatment in junior

high school indicated that only five of 102 had dropped out of school. Further, mean grade average indicated the group was functioning at a little better than C average. Former ICU students were also actively involved in a variety of extra-curricular activities which would seem to indicate more than passive acceptance of school. Statistical follow-up of C's has not been accomplished. However, from subjective information obtained, approximately thirteen to fifteen C's have dropped out from the original students selected.

It would thus seem that the ICU procedures previously outlined not only increase vital skill areas while students are in the program, but also help students remain in school after they are mainstreamed.

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